AFRICA NOW

Innovation to improve the Human Condition.

www.prix-galien-international.org
**OUR MISSION:**

The Prix Galien recognizes outstanding achievements in improving the global human condition through the development of innovative drugs and other treatments.

The Prix Galien was created in 1970 in honor of Galien, the father of medical science and modern pharmacology. Worldwide the Prix Galien is regarded as the equivalent of the Nobel Prize in biopharmaceutical research.

**The Prix Galien is more than an award:** it is a movement with a mandate to foster, recognize and reward excellence in scientific innovation to improve the state of human health. Building on an unrivaled network of top biomedical scientists including Nobel Laureates in medicine, the Prix Galien manages an independent, cross-functional and geographically diverse program of events and sponsorships to brand “the best of the best” in new medicines and diagnostics.

Our scope is global, and our commitment to progress in medicine is both measurable and concrete. Our members express this through the establishment of productive relationships to build lasting bridges between the commercial research enterprise and local communities engaged in public policy, science, finance, academic research and the media.

In addition to recognizing advances in promising therapies, the Prix Galien’s annual Pro Rro Humarum Award for humanitarian achievements brings a unique focus to the intersection between science, business and politics. The outcome we seek is guided by the synthesis principle that underpins the conduct of science itself: successful innovation where financing, physical assets, knowledge and skills are combined from many sources to move new ideas quickly “from the bench to the bedside,” on behalf of patients everywhere.

**A truly global program present in 14 countries**

Our program includes a review of contributions from a new generation of innovators representing diverse sectors in health across 14 countries*. Our themes: better cross-cultural contacts; harmonized regulation; internal business process improvements; new information technologies and effective public-private partnerships can remove barriers to the commercialization of good medicines and expand access to these benefits to all who need them.

2018 will represent a new and exciting stage in the evolution of the Prix Galien as the pre-eminent “force populaire” behind the global scientific enterprise. With the support of our sponsoring organizations, our efforts will extend to all who see medical innovation not only as an industrial policy asset but as a source of social progress — where private enterprise and public engagement combine to deliver a greater public good.

We invite all communities with a commitment to the conduct and promotion of life sciences innovation to contribute to this important work.

* Belgium, Canada, China, France, Germany, Greece, Italy, Netherlands, Poland, Russia, Spain, Switzerland, United Kingdom and the United States

**THE MEDAL BY ALBERT DE JAEGER**

The Prix Galien medal was designed by Albert de Jaeger (1908 – 1992), laureate of the Premier Grand Prix de Rome architectural prize. De Jaeger designed medals for prominent figures such as Pope Pius XII (at the Villa Medica, 1937) and Pope Jean-Paul I, Presidents Dwight D. Eisenhower and John F. Kennedy, distinguished military leaders including Marshals Lattre, Koénig, Montgomery, Marshall and Joukov; the Weismann Institute, as well as numerous artists, literary figures and prominent personalities such as Sacha Guitry, Marcel Proust, Henri de Montherlant, Paul Harris, a number of Nobel Prize laureates, the Empress of Iran 5A Farah Diba, Princess Grace of Monaco, and others…

De Jaeger is also the architect of numerous outstanding monuments in France and throughout the world.

The Republic of Senegal is pleased to welcome you to Dakar November 27 and 28, 2018 for the Prix Galien International and the Galien Forum, organized for the first time in Africa. Many personalities, leading experts, practitioners, and researchers from across the globe, including Nobel Prize winners in medicine, will take part.

Holding these events on Senegalese soil complements focused national efforts to augment our contributions to domestic and international public health. We believe that in addition to education, health—a cornerstone of prosperity and innovation—must remain at the heart of public policies.

Indeed, education, and the training of quality care providers and administrators are inextricably linked. The development of knowledge and know-how is the basis of scientific progress, including in the fields of medical, pharmacological, and biotechnical sciences.

For this reason, ongoing commitments are critical to raising awareness and motivating young people to engage in science. Such commitments pave the way for the progress and well-being of humanity.

And it is this vocation that we want to nurture and invigorate by welcoming the Prix Galien International and the Galien Forum.

Moreover, we live in a world where rapid cross-border transport and globalization are transforming local public health issues into global epidemics. The HIV/AIDS, Ebola, Zika virus, and SARS epidemics serve as stark examples. Pandemic preparedness must be supported in a comprehensive and integrated way. Working together to address threats that face us all is essential.

This is what the Prix Galien has done since 1970, by promoting the research and development of innovative health technologies, such as drugs, vaccines, and diagnostics. As such, I would like to warmly thank Mrs. Marion Wiesel, President of the Elie Wiesel Foundation for Humanity for her support of this important initiative.

I invite all participants to leverage the unique moment in time that these events present in support of our common interest in nurturing innovation for health in Africa and across the world.

Macky Sall
President of Senegal
Over the years they Participated in the Elie Wiesel Foundation’s Conferences:

**Past Conferences of the EWF:**

**Facing the 21st Century:**
- **Threats and Promises**
  - **Paris, 1988**
  - **Tomorrow’s Leaders:**
    - **Venice, 1995**
    - **Boston, 2000**
    - **Dublin, 2014**

**The Future of Hope:**
- **Hiroshima, 1995**

**Anatomy of Hate:**
- **Boston, 1989**
- **Haifa, 1990**
- **Oso, 1990**
- **Moscou, 1991**
- **New York, 1992**

**Petra Conferences of Nobel Laureates:**
- **Preta, Jordan 2005,**
  - **2006, 2007, 2008**

**Notable:**

**Palestinian Authority**
- President Mahmud Abbas
- King Abdullah II and Queen Rania of Jordan
- Kofi Annan
- First Lady Laura Bush
- Pete Cashmore
- King Juan Carlos 1st of Spain
- President Bill Clinton
- First Lady Hillary Clinton
- George Clooney
- John De Gaia
- Renee Fleming
- Amanda Forysth
- Richard Gore
- Tom Hank
- President Mikhail Gorbachev
- Jeff Greenfield
- Vartan Gregorian
- President of the United States, Barak Obama
- Prime Minister of Iran, Mahmoud Ahmadinejad
- President Nelson Mandela
- Ted Koppel
- Nicholas Kristof
- Bernard Kouchner
- Maurice Levy
- President of France, Nicolas Sarkozy
- Ismail Serageldin
- John Sipher
- Jeremi Sacks
- Ophir Winfrey
- Pinchas Zukerman

**Some times, we must interfere.**

When human lives are endangered, when human dignity is in jeopardy, national borders and sensitivities become irrelevant. Wherever men or women are persecuted because of their race, religion, or political views, that place must - at that moment - become the center of the universe.

– Elie Wiesel from his Nobel acceptance speech.

Outreach from the Galien Foundation is under way to West African universities dedicated to medical and pharmacy training, as well as broader health and economic studies. The Foundation is requesting that each university send 10 of their most promising students to the inaugural Galien Africa Forum, which will take place at the Palais Des Congres in Dakar, Senegal on November 27 & 28, 2018.

The Forum will take place over two days, with the program built around the theme: “The Ethics and Values of Medicine and Pharmacy”. Speakers include Nobel Laureates and world-renowned scientific, industry, and policy leaders from within Africa and across the globe, all of whom will participate in highly interactive sessions that engage the audience.

**DAY 1:**
- Features intimate, highly interactive thematic workshops addressing ethical questions underlying such topics as drug pricing, access to health care, disease prevention, and open-access research. The content and format of bringing together global leaders and students in small groups driven on the rich outcomes of the Tomorrow’s Leaders Conferences, organized by the Elie Wiesel Foundation over the past decade.

**DAY 2:**
- Will bring all Forum participants together for plenary sessions that synthesize the previous day’s workshop discussions and build toward a thoughtful roadmap for the future, with particular focus on African innovation and leadership for development.
UNIVERSAL ACCESS TO ESSENTIAL AND OTHER MEDICINES

Denis Broun • Head of Government Affairs - Gilead
Raymonde G. Koffi • Regional Director UNFPA WCARO
Paul Lalvani • Executive Director, Empower School of Health, India
Martha Smit • Partner, Fasken

Medicines for basic infectious and non-communicable diseases are a staple element of health provision – without them, many conditions become harder to prevent and more expensive to treat. Access to these medicines are also a sign of a well-functioning health system able to minimize costly acute care interventions with measures to keep patients with chronic conditions stable and compliant over long periods of time. In spite of this, the World Health Organization (WHO) estimates that one-third of Africa’s 1.2 billion people lack access to the 433 drugs and vaccines in its latest 20th Essential Medicines List, most of which are off-patent generics in widespread use for decades in the US and Europe. Eliminating this gap would, according to the WHO, save 10 million lives worldwide every year, with the African region benefiting the most. Examples of the failure to raise access to essential medicines vary, but the main factors appear to be weak health infrastructure; distribution bottlenecks at the wholesaler and pharmacy levels, especially health infrastructure; distribution bottlenecks at the wholesaler and pharmacy levels, especially the failure to raise access to essential medicines; and patient inability to pay. While the role that patented medicines play in limiting access is often cited as well, only a handful of medicines on the WHO List are proprietary. Many such products are included in voluntary drug donation programs administered by the big multinational drug companies; some companies have waived the right to exclusivity for their patented medicines in the poorest countries. In September 2017, a WHO medicines access project launched in 2012 in 15 sub-Saharan African countries with support from the European Union (EU) completed its work with a report citing significant improvements in the region’s pharmaceutical supply chain, particularly for products for HIV, malaria and TB. Also cited were faster registration of essential medicines by local regulatory authorities and progress toward the commitment to universal health coverage as a basic right of citizenship. In this panel, participants will assess the current state of medicines access in Africa, linked to the need to ensure efficient and affordable health services; how to improve the WHO Essential Drug List benchmark; identify ways to eliminate barriers to cooperation among various public and private stakeholders; and improve the region’s performance toward universal access to essential drugs; and discuss access issues across the increasingly important field of diagnostics, where preparation of the first WHO essentials list is underway. Finally, the group will highlight additional novel partnering agreements focused on emerging non-communicable diseases like cancer, which now kill 60 per cent more Africans each year than malaria; deaths from cancer in Africa are slated to rise by 70 per cent to 2030. The Africa Access Initiative (AAI), a joint NGO and private-sector initiative launched last year by Seattle-based BioVentures for Global Health jointly with Pfizer, Takeda Pharmaceuticals, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and the African Organization for Research and Training on cancer (AORTIC), is one prominent – and promising – example. AII will pool expertise and resources of each partner with the initial goal of supplying important, life-saving chemotherapy drugs to cancer patients in five countries.

ADDRESSING CHRONIC MALNUTRITION

Ole Dibba-Wadda • Human Capital Development Director, African Development Bank
Marie Pierre Poirier • Regional Director UNICEF CARO
Pape Abdoulaye Seck • Minister of Agriculture, Senegal
Saltimata Wade • Nutritionist - Nutrition and Diet Association in Senegal

Food and nutrition are critical to human development, especially during the formative years when much of an individual’s physical and cognitive potential is determined, with important consequences for health status later in life. Stunted growth in children under age five caused by chronic malnutrition, together with the adverse medical consequences of rising rates of young adult obesity, has thus emerged as a key public health agenda item for African countries. The topic is particularly urgent in light of the fact that Africa’s population is destined to double in size to 2.5 billion by 2050. In November 2017, the WHO Regional Office for Africa published its first Africa Nutrition Report, which called for urgent action to reduce malnutrition in the 47 countries surveyed, noting that one of every three children under age five in the world with stunted growth lives in Africa. It also documents a sharp rise in obesity – the number of African children classified as overweight increased by 50 percent between 2000 and 2015. Both trends carry numerous adverse consequences for public health, ranging from increased susceptibility for childhood killer diseases like malaria and TB to higher rates of debilitating long-term chronic conditions like hypertension and diabetes, which are already proliferating throughout the region at near-record rates. There are also disincentives to consumer access to healthy, non-processed foods from urbanization, environmental pressures on agricultural land use, and producer subsidies that distort normal market signals. Members of the panel will discuss the link between food production and sustainable agriculture practices; the effects of population growth on the food supply; the need for better information and data on the extent of malnutrition in vulnerable groups like children under age five, women of reproductive age, and the elderly; educational campaigns to fight obesity; and the distribution effects of some multilateral food aid programs. Facilitating more cross-regional and multi-functional partnerships involving field-based organizations is another topic that could be discussed.

MANAGING INFECTIONOUS DISEASES & PANDEMICS

François Barre-Sinoussi • Nobel prize for Medicine 2007 – Pasteur Institute
Salim S. Abdool Karim • Epidemiologist – Capriva (Center for the AIDS Program of Research in South Africa)
John Kengсонg • Director – Centre for Disease Control and Prevention (CDC) – South Africa
Souleymane Mboup • CEO – ISREF (Institute for Health Research, Epidemiological Surveillance and Training)
Nicolas Meda • Minister of Health – Burkina Faso

Infectious and other preventable diseases remain the leading causes of death in sub-Saharan Africa. Top of the list are respiratory infections, followed by HIV/AIDS and diarrheal disease. A major NCD, stroke and CVD, now ranks fourth on the list, while TB and malaria have been pushed down to fifth and sixth, respectively. The point is communicable diseases continue to dominate the health landscape in the region. The continent is a focal point for the transmission of infectious micro-organisms from animals to humans, which accounts for about 75 per cent of the diseases that have emerged as public health threats in recent years, including HIV, influenza and the deadly Ebola and Marburg viruses. Mass migrations of people displaced by political and military unrest has also contributed to the outbreak of pandemics due to the impact this has had on the capacity of local institutions to respond to the health needs of these vulnerable populations. The 2014 Ebola outbreak in Liberia, Sierra Leone and Guinea – which killed more than 11,000 people – represents serious gaps in Africa’s preparedness to handle diseases with the potential to spread globally if not controlled. This emergency, when combined with the slow-burning toll imposed on Africa by the spread of HIV, has spurred demand for a more effective regional and international response. While there are positive precedents like President George W. Bush’s Emergency Plan for AIDS Relief (PEPFAR) – which celebrates its 15th year in 2018, raising the number of Africans receiving anti-retroviral therapy from 50,000 in 2003 to 13.3 million at present – there is a consensus that a more systematic approach is needed here. The Ebola crisis revealed that existing pandemic response mechanisms were tenuous, coordinated and massively under-resourced, particularly in the availability of trained emergency responders. In the last two years, work has commenced in several areas to address the problem, including the introduction of improved disease surveillance capabilities; the integration of pandemic preparedness planning as a component of development aid; and increased funding for basic public health infrastructure – the first line of defense against the spread of infectious pathogens. In August 2016, the WHO revised its anti-pandemic operations in a single integrated Emergency Health Program with an improved line of sight to ground-based coordination and support. Last year, the World Bank, with support from Japan and Germany, established a Pandemic Emergency Facility to unlock funds to prioritize the response to health emergencies, in real time. On the NGO front, at the 2017 World Economic Forum in Davos, the Bill and Melinda Gates Foundation donated $100 million for the launch of the Coalition for Epidemic Preparedness Innovations (CEPI), a joint private-public venture which over the next five years plans to speed development of new vaccines to treat existing transmissible pathogens like Ebola while investing in new technologies to counter future threats. The UK-based Wellcome Trust is also involved, along with major vaccine companies like J&J and a number of leading government donors. Panels will discuss the progress in executing around these and other new initiatives to address pandemic diseases in the Africa region. Improved mobilization of local resources, especially retaining scarce human capital in the fields of epidemiology, health provision and logistics, will be analyzed along with recommendations to improve government partnering with the private sector, including biopharma and vaccine manufacturers. Participants will apply their unique perspectives to answer the essential question: are the right incentives in place for a truly integrated approach to pandemic surveillance, preparedness and control in the Africa region, the front-line of defense in the global war against infectious disease?
WHICH HEALTH INSURANCE FOR THE AFRICAN CONTINENT?

Tedros Adhanom Ghebreyesus - WHO Director General

Jean Paul Moatti - CED - IRD (French Research Institute for Development)

Private-sector is a $35 billion market in sub-Saharan Africa, with at least half of it financed directly by patients through out-of-pocket payments to providers. Governments, donor agencies and independent experts agree that increased access to care depends on expanded financing through private, pre-paid group insurance schemes to supplement self-pay by the wealthy and public-sector delivery of services to the poor. However, growth of the overall health insurance market has been stymied by regional variations in licensing and regulatory standards as well as the weak financial stability of schemes due to unreliable information on risk exposures, including high claims to renewal ratios. This in turn has made the regional insurance market less attractive to Western investors with experience in covering large populations with a diversity of health conditions. Recently, however, a coalition of international development organizations committed to invest significant resources to achieve universal basic health coverage for all Africans, including extending successful precedents on private and community-based insurance schemes in South Africa, Namibia, Rwanda, Ghana and Senegal. In August 2016, the World Bank’s International Development Association (IDA), the Global Fund, the WHO and the Africa Development Bank pledged $24 billion over the next three to five years toward this objective. The hope is that this broad, region-wide initiative to boost infrastructure will encourage more private and venture capital investment to create health insurance products for the local market. Panelists will explore gaps in regulation and business practice that discourage investments in health insurance, particularly for a growing middle-class willing to spend discretionary income on health; how to address the needs of the low income and indigent populations, in line with fiscal realities; technical improvements in risk adjustment and the re-insurance market; and facilitating more partnerships to share risks and promote best practices and country learnings, for the benefit of the entire region. 

THE HEALTH CONSEQUENCES OF CLIMATE CHANGE

Mame Thierno Dieng - Minister of the Environment - Senegal

Although Africa contributes little to the global build-up of greenhouse gases that cause climate change, the region is likely to suffer more than other regions on the public health and economic front. According to the WHO, some 250,000 additional deaths annually due to rising sea and ground temperatures will occur worldwide between 2030 and 2050 – with African children under the age of five among the most vulnerable. Malaria, dengue, sleeping sickness and other infectious diseases are prevalent on the sub-continent and very sensitive to changes in temperature patterns. Most governments lack the health infrastructure and resources to cope with an accompanying surge in non-communicable cardiovascular and respiratory ailments as well as increased malnutrition among high-risk populations like women, children and migrants due to lower harvests of key crops caused by heat and drought.

FINANCING AFRICA’S HEALTHCARE

Gerege Gosh - Director of Development Policy and Finance - Bill & Melinda Gates Foundation

Abdoulaye Diouf Sarr - Minister of Health, Senegal

Africa has a resource gap in health characterized by the lack of physical plant – infrastructure – as well as the human capital required to make productive use of the resources it has. Capacity in health lags far behind demand for health services, creating a vicious cycle in which the growing burden of disease thwarts the productivity gains necessary to ensure future growth in living standards and GDP – the “health is wealth” effect. Adding to the challenge are the pressures on public financing of health care from competing domestic and national security priorities as well as declining foreign aid disbursements. According to Deloitte’s annual Africa Construction Trends report, there is very little large-scale investment in health care: only 0.3 per cent of the total value of the region’s infrastructure projects focused on health, far behind energy/power and transport, at 21 and 16 per cent, respectively. On the private-sector front, investors in health care assets face a complex regulatory environment; scalability problems due to sized geographies; weak capital markets, marked by limited debt financing; and exposure to financial and political risk, from a lack of due diligence to troubles finding trustworthy local partners. Another factor is the failure to stimulate the forces of entrepreneurship that exist at the grassroots in every country. This makes it hard to foster more community engagement among key stakeholders like hospitals, physicians, and drug manufacturers to drive the development of more locally sourced products and services linked to the concept of “frugal,” needs appropriate innovations. An active private-sector role in health infrastructure investment is vital if Africa is to see progress against the combined burden of communicable and non-communicable disease, the incidence of which will grow as the region’s population doubles over the next few decades. There is unanimous agreement among governments that public initiatives alone will not be enough to deliver the health capacity patients at every level of income should be entitled to expect. Nevertheless, private sector financing vehicles like venture capital (VC) remain limited, as evidenced by the fact that the World Bank’s International Finance Corporation (IFC) is still the biggest investor in private-sector health care in Africa today. Given the continued challenges to funding health care infrastructure, the Forum panel will work to define priorities to drive the allocation of investment capital over the next five years. A set of recommendations to improve the incentives for mobilization of private investment, from both domestic and foreign sources, will be discussed, along with best practices to spur more partnerships among key financial stakeholders – multilateral lending facilities, NGOs, philanthropic foundations, governments, sovereign wealth funds and others. Finally, panelists will examine progress in creating infrastructure in pharmaceutical regulation, manufacturing and supply chain logistics in the pharmaceutical sector and what other actions should be taken to stimulate growth in what is forecast to be a market worth as much as $60 billion annually by 2020.
WHO WAS GALEN?

Born in 131AD, Galen (Galenus in Latin) is considered the father of modern medicine and pharmacology. As an anatomist, physiologist, clinician, and researcher, his work formed the basis of a school of thought known as “Galenism”, which dominated medicine until the Renaissance. In fact, Galen’s works were used as primary medical reference for nearly two centuries.

Raised in Pergamos, he studied in Smyrna, where he graduated under the influence of a famous teacher. Later he moved to Rome where he grew in reputation and stature as a healer, teacher, researcher and writer. His ideas on the functioning of the human body were so well received that he became the heir to the Emperor. He died in 201AD.

The Prix Galien USA Committee, a group of highly accomplished individuals from the scientific and research communities, will judge which among the candidates, independent of any category, is the Best Pharmaceutical Agent (i.e. small molecule), is the Best Biotechnology Product and which is the Best Medical Technology approved by the FDA in the past ten years. As few as one or as many as three prizes may be awarded in each of these categories, and from time to time the committee may decide on awards hors prix. The prizes are awarded for products and agents that improve the human condition.
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UK - Sir Michael RAWLINS
Chair of MHRA and founding Chair of NICE

*A record of leadership in bringing the best of biomedical discovery to the attention of the world...

The Prix Galien is the right event, on the right issue at the right time. I thank the Galien Foundation for bringing us together and for recognizing that a healthier world is a safer world and a more just world.

BAN Ki-moon - 2010

The Prix Galien is a prestigious award, a magnificent occasion to pay recognition to our researchers and to encourage our industry.

Jean Chretien - 1994

I know the importance of the Prix Galien which rewards every year therapeutic innovations and research works among the most creative.

Emmanuel Macron - 2018

The Prix Galien is the right issue at the right time. I thank the Galien Foundation for bringing us together and for recognizing that a healthier world is a safer world and a more just world.

Jimmy Carter - 2017

I am particularly grateful to receive this award.

Bill Clinton - 2010

It is a pleasure to congratulate all those who promote the Prix Galien and pharmaceutical research: they play a vital role in the fight against disease throughout the world.

John Major - 1996

The Prix Galien is a welcome initiative to stimulate creative research and promote excellence.

Barack Obama - 2008

The Prix Galien since 1970 is dedicated to promoting the research and development of the medicine and medicine industries.

Macky Sall - 2018

* The Prix Galien International Committee is composed of chairs from the member nations.